State of _____

DO NOT RESUSCITATE (DNR)

Patient's Full Legal Name: _____ **Date:** _____

PHYSICIAN STATEMENT

I, the undersigned, state that I am the physician of the patient named above and I affirm this order is consistent with the patient's wishes. I hereby direct any and all qualified health care personnel to withhold or withdraw cardiopulmonary resuscitation (cardiac compression, intubation and other advanced airway management, artificial ventilation, defibrillation, and other related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such health care personnel to provide comfort care to the patient such as intravenous fluids, oxygen or other therapies deemed necessary to provide comfort and alleviate pain. A copy of this order is in the patient's medical records.

_____ _____

Physician Signature Date

_____ _____

Physician Printed Name Phone Number

PATIENT STATEMENT

I, the undersigned, being of sound mind and legal age, willfully and voluntarily make this declaration to state my desires and direct that resuscitation be withheld or withdrawn in the event of my cardiac or respiratory arrest. It is my intention that this order be honored by my family, my physicians, and all others who may partake in my health care.

_____ _____

Patient Signature Date

_____

Patient Printed Name

Legal Representative Signature

Date

Legal Representative Printed Name

I, 18 years of age or older, declare that the person who signed this document is personally known to me or provided proof of identity, has signed this document in my presence, and appeared to be of sound mind and free from duress or undue influence.

Witness Signature

Date

Witness Printed Name

Witness Signature

Date

Witness Printed Name

ACKNOWLEDGEMENT OF NOTARY PUBLIC

State/Commonwealth of _____

County of _____

On this _____ day of _____, 20_____, before me, _____, personally appeared _____, personally known to me or who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same and that by his/her signature on this instrument the person executed this instrument.

_____ (Seal, if any)

Signature of Notary

My commission expires: _____